

Application Information

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| Application Type:: | Regular |
| Subject Matter:: | Utility |
| Suggested Classification:: | 711 |
| Suggested Group Art Unit:: | 2152 |
| CD-ROM or CD-R?:: | None |
| Title:: | METHOD AND APPARATUS FOR PROVIDING WEB SERVICES IN A COLLABORATIVE COMPUTING SYSTEM |
| Attorney Docket Number:: | G0008/7010 |
| Request for Early Publication?:: | No |
| Request for Non-Publication?:: | Yes |
| Suggested Drawing Figure:: | 2 |
| Total Drawing Sheets:: | 12 |
| Small Entity:: | Yes |
| Petition Included?:: | No |
| Secrecy Order in Parent Appl.?:: | No |

Applicant Information

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|-----------------------------------------|----------------|
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | USA |
| Status:: | Full Capacity |
| Given Name:: | Weidong |
| Family Name:: | Wang |
| City of Residence:: | Lexington |
| State or Province of Residence:: | Massachusetts |
| Country of Residence:: | USA |
| Street of Mailing Address:: | 59 Reed Street |
| City of Mailing Address:: | Lexington |
| State or Province of Mailing Address:: | Massachusetts |
| Postal or Zip Code of Mailing Address:: | 02421 |

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: John
Family Name:: Burkhardt
City of Residence:: Arlington
State or Province of Residence:: Massachusetts
Country of Residence:: USA
Street of Mailing Address:: 11 Lincoln Street
City of Mailing Address:: Arlington
State or Province of Mailing Address:: Massachusetts
Postal or Zip Code of Mailing Address:: 02476

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: Jack
Middle Name:: E.
Family Name:: Ozzie
City of Residence:: Chester
State or Province of Residence:: New Hampshire
Country of Residence:: USA
Street of Mailing Address:: 87 North Pond Road
City of Mailing Address:: Chester
State or Province of Mailing Address:: New Hampshire
Postal or Zip Code of Mailing Address:: 03036

Correspondence Information

Correspondence Customer Number:: 021127

Phone Number:: (617) 367-4600

Fax Number:: (617) 367-4656

E-Mail Address:: pkudirka@kjpat.com

Representative Information

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|----------------------------------|--------|
| Representative Customer Number:: | 021127 |
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Assignee Information

Assignee Name:: Groove Networks, Inc.

Street of Mailing Address:: 100 Cummings Center, Suite 535Q

City of Mailing Address:: Beverly

State or Province of Mailing Address:: Massachusetts

Country of Mailing Address:: USA

Postal or Zip Code of Mailing Address:: 01915